

## State of Washington Application for a Water Roigh REGIONAL OFFICE

For Ecology Use

Fee Paid 40,000

Date 4/30/2001

Please follow the attached instructions to avoid unnecessary delays.

Section	l. APPL	ICANT -	PERSON	I, ORGA	NIZATION	, or w	ATER S	YSTEM		
Name C.M	. BISHC	)P, JR. 8	MABEL	L. BISHO	P Hor	ne Tel: (	)			_
Mailing Add	ress P.O.	Box 303	30		Wo	rk Tel: ( <u>50</u>	) 226	- 4801	Ext.	_52
City Port	land	Sta	ate <u>OR</u> Zi	p+4 <u>9720</u>	8 + 3030	FAX: (_5	03 ) 535	- 5599		-
Section 2	2. CON		erson 1		ABOUT 7					
Name Te	rry R.	Nealey			Hor	ne Tel: (	)			
Mailing Add	ress P.C	Box 7			Wo	rk Tel: ( <u>50</u>	9 ) 382	2541		_
					8+	_ FAX: ( <u>5</u>	09 ) 382	-4634		_
Relationship	to applicar	nt <u>Attor</u>	ney							_
Section :	S. CYPAL	MPAGIMEI	of inte	NO.						
The applicar	it requests a	permit to us	e not more t	han (1	000		(X gallo	ns per minu	teor	
cubic feet	per second	from a s	urface water	source or K	ground water	source (ch	eck only on	e) for the pu	rpose(s)	
					ons.) NOTE: A					
					per year: 4					
Estimate a n	aximum ar	nual quantity	y to be used	in acre-foot p	er year: 4	acre f	eet per	year		_
Check	if the water	er use is prop	osed for a sh	ort-term pro	ect. Indicate tl	ne period of	f time that t	he water wil	l be need	ded:
	From		to/_							
Section	4. WATI	ER SOUR	CE .							
If SURFA	CE WATE	R			If GROUND	WATER				
		ce and indic			A permit is	desired for	one	wel	l(s).	
lake, etc. l "unnamed		l, write "unr	named sprin	ıg,"						
umamed	stream, c									
Number o	f diversion	ıs:				-				
Source flo	ws into (na	ame of body	of water):		Size & deptl	n of well(s	):			
					500 to 6	00 feet	deep	×		
LOCATIO	N									1
Enter the section co		n and east-w	est distance	es in feet fro	m the point of	of diversion	n or withd	rawal to the	neares	t
2000 f	eet Eas	t and 13	50 feet	South of	the NW orth, Ran	corner	of the	Southeas	t corre	for
								source is platte	d, comple	te
1/4 of	1/4 of	Section	Township	Range (E/W	Coun		Lot Blo	below:	division	
NW	SE	16	12	40E	Garfie			110000		
For Ecology U	se Date R	Received:	Bo lace	Priori	y Date: 4-2	(a.m.2)66				
SEPA. Exemp		FERC Lice	nse #		De <sub>l</sub>	ot. Of Health	#			
Date Accepted	As Complete				ate Returned				ia: <u>3</u>	5

ECY 040-1-14 Rev. 7/97 \* \* f

Appl. No.: G 330326

Se	ction 5. GENERAL WATER SYSTEM INFORMATION		
A.	Name of system, if named:	St.	
B.	Briefly describe your proposed water system. (See instructions.)		
	We propose to drill a well 500 to 600 feet deep. De depth of the well, we may use up to a 200 hp pump to for irrigation purposes through a 16inch pipe and a irrigation system.	epending on the pump the water wheel line	
C.	Do you already have any water rights or claims associated with this property or system PROVIDE DOCUMENTATION. Journal J. Page 473-4, July 2 Water Right 11; Surface water certificate No. 6586; Nos. 6173, 6174, 6175 & 6176  etion 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM IN	, 1915 - Adjudicat Water Right Clain	n
000000000000000000000000000000000000000	ompleted for all domestic/public supply uses.)		
A.	Number of "connections" requested: Type of connection	F 75 - 1	
D		Apartment, Recreational, etc	
B.	Are you within the area of an approved water system?  If yes, explain why you are unable to connect to the system. Note: Regional water County Health Department.		
Cor	mplete C. and D. only if the proposed water system will have fiftee	n or more connection	ıs.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current at	☐ YES ☐ approved version of your plan	NO
D.	Do you have an approved conservation plan?  If yes, when was it approved? Please attach the current a		NO n.
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMA' ompleted for all irrigation and agriculture uses.)	TION	
		Androphia (1976) - Station in the Administrative Spinis Wine.	uesti mus
A.	Total number of acres to be irrigated:75		
B.	List total number of acres for other specified agricultural uses:		
	Use Acres		
	Use Acres		
	Use Acres		
C.	Total number of acres to be covered by this application:75		
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).		
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?         If yes, enter permit no.:     </li> </ol>		NO NO
E.	Farm uses: Stockwater - Total # of animals Animal Type Dairy - # Milking # Non-milking	_(If dairy cattle, see below)	)



Will	you be using a d	am, dike, or other stru	cture to retain or	store water?		☐ YES	ON
point,	and some porti	storing 10 acre-feet of on of the storage will ication from the Depa	be above grade, y	ou must also ap			
Sec	ction 9. DRI	VING DIRECT	IONS .				
Provi	de detailed drivi	ng instructions to the	project site.				
		Washington, o			n Highway 12.	The site	
8)e(	tion 10. RE	QUIRED MAP					
A.	Attach a map o	of the project. (See ins	tructions.)				
Sec	attor Deller	(O) PODRÁ BY (O) MAS	DRSHIP				
Α.		cant own the land on whe applicant's interest			e name(s) and addre	SS(es)	
					•		
В.		cant own the land on v copy of agreement:	which the water so	ource is located?		ĭ YES	□ NO
to pr moni empl	ocess my applicationing purposes of the Desiration of the Desirati		om the Departm have been assist all responsibility	ent of Ecology ted in the prepa y for the accura	access to the site for eration of the above	r inspection and application by tl on rests with me.	he
 Land	owner for place	of use (if same as app	licant, write "sam	e") D	ate		
	- I Piaco	was the man white		-, D	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

Section 8. WATER STORAGE

efore answer.	your answers to any qu	estions on the applicat	tion. Please indicate section number
	30 3 C 31 C 31		
	plication for the followin	ig reason(s):	
Examination fee	was not enclosed		APPLICANT PLEASE RETURN TO CASHIER,
			PO BOX 5128, LACEY, WA
			98509-5128
Section number(	s)	is/are	APPLICANT PLEASE RETURN TO THE
incomplete			APPROPRIATE REGIONAL
			OFFICE
Explanation:			
Please provide the additi	ional information request	ted above and return yo	our application by
	(date		
cology staff		Date_	
cology is an Equal Oppo	ortunity and Affirmative	Action employer.	
o receive this decument		ntact the Water Resource	ees Program at (360) 407-6604 (Voic
r (360) 407-6006 (TDD)			
			G-330326